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AUG 29 2017

WEST VIRGINIA



6

Pesticides & Asbestos Programs
and Enforcement Branch (3LC62)
EPA Region III

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 8/25/17

Operator Project No: 049-17

OFFICE USE ONLY

Date Rec'd: _____ Check No: _____
Postmark Date: _____ Paid By: _____
Notification No: _____ Amount: \$ _____

Type of Notification:

Original ☒

Revision ☐ (Highlight Changes)

Cancellation ☐

Type of Operation:

Demolition ☒

Ordered Demolition ☐

Renovation ☐

Emergency Renovation ☐

Facility Owner:

Name: MUB

Address: 278 Greenbag Rd.

City: Morgantown

State: WV

Zip Code: 26501

Contact Person: Mark Strickler

Phone: (531) 292-4598

Facility Description:

Name: Morgantown Waste Water Treatment Plant

Address: 371 Frontier St.

County: Monongalia

Building Size (Sq. Ft.): 425

Present Use: N/A

City: Star City

Location Within Facility: Gas Sphere, Silo & Bldg.

Number of Floors: 1

Age (Yrs):

Prior Use: Gas containment

Asbestos Contractor:

Name: N/A

Address: N/A

City: N/A

Contact Person: N/A

State: N/A

Asbestos Contractor License #: N/A

Zip Code: N/A

Phone: N/A

Other Contractor:

Name: Reclaim Company, LLC

Address: P.O. Box 2162

City: Fairmont

Contact Person: Steve Gabbert

State: WV

Contractor's License #: WV042918

Zip Code: 26555

Phone: (304) 366-7070

Building Inspection:

Inspection Date: 8/15/2017

Asbestos Inspection By: Christopher Ciappina

Lab: N/A

WV License #: AI009351

Analysis By: N/A

Procedure Used to Detect Presence of Asbestos: Visual Inspection

Is Asbestos Present at 1% or Greater:

Yes ☐ No ☒

Project Designer: Christopher Ciappina

WV License #: AD003839

Air Monitor: N/A

WV License #: N/A

Schedule:

Asbestos Removal:

Start Date: N/A

Completion Date: N/A

Demo/Renovation:

Start Date: 9/04/2017

Completion Date: 9/22/2017

Project Work Hours: 7:00 am - 5:30 pm

Work Days: M ☒ Tu ☒ W ☒ Th ☒ F ☒ Sa ☒ Su ☐ (Check)

0 31 11 30 21 11

1005 11 30 21 11

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: ___/___/___ AM PM

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency:

Name:

Date of Order: ___/___/___

(Copy of order must be attached.)

Title:

Date Order to Begin: ___/___/___

Types of ACM:

Asbestos Containing Material To Be Removed:

Cat. I & II Nonfriable ACM Not To Be Removed:

Type(s): None Detected

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

Type(s):

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

Description of planned demolition or renovation work and method(s) to be used:

Wet methods for demolition and regulated site.

Description of procedures to be used to comply with NESHAP (40CFR61 Subpart M):

Regulated area, wet methods for removal, air tight disposal containers, and double 6 mil poly plastic for a total of 12 mil.

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized, or reduced to powder:

STOP ALL WORK. Identify the ACM, develop an abatement procedure, and notify all applicable government agencies.

Waste Transporter:

Name: Reclaim Company, LLC

Address: P.O. Box 2162

City: Fairmont

Contact Person: Steve Gabbert

ID #: WV0452918 / WH13715

State: WV

Phone: (304) 366-7070

Zip Code: 26555

Waste Disposal Site:

Name: Meadowfill Landfill

Address: Rt. 2 Box68

City: Bridgeport

Contact Person: Kelli Sekela

ID #: SMF-1032

State: WV

Phone: (304) 842-2784

Zip Code: 26330

Certification:

I certify that an individual trained in the provisions of 40 CFR 61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: 

Date: 08 25 17

Name and Title (Print or Type):

Jason P. Eddy Project Manager / Estimator

WEST VIRGINIA



R E C E I V E D
AUG 29 2017

Pesticides & Asbestos Programs
and Enforcement Branch (SLC62)
Region III

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 8/25/17

Operator Project No: 053-16

OFFICE USE ONLY

Date Rec'd:

Check No:

Postmark Date:

Paid By:

Notification No:

Amount: \$

Type of Notification:Original ☐Revision ☒ (Highlight Changes)Cancellation ☐**Type of Operation:**Demolition ☒Ordered Demolition ☐Renovation ☐Emergency Renovation ☐**Facility Owner:**

Name: West Virginia Homeland Security

Address: 1900 Kanawha Blvd., E, EB80

City: Charleston

State: WV

Zip Code: 25305

Contact Person: John Hoyer

Phone: (304) 389-7906

Facility Description:

Name: Vacant Structures - Please see attached for Group 9 (Greenbrier)

Address:

City:

County:

Location Within Facility:

Building Size (Sq. Ft.):

Number of Floors:

Age (Yrs):

Present Use:

Prior Use:

Asbestos Contractor:

Name: Reclaim Company, LLC

Asbestos Contractor License #: AC002453

Address: P.O. Box 2162

City: Fairmont

State: WV

Zip Code: 26555

Contact Person: Steve Gabbert

Phone: 304-366-7070

Other Contractor:

Name: Reclaim Company, LLC

Contractor's License #: WV042918

Address: P.O. Box 2162

City: Fairmont

State: WV

Zip Code: 26555

Contact Person: Steve Gabbert

Phone: 304-366-7070

Building Inspection:

Inspection Date: Please see attached.

Asbestos Inspection By: Please see attached.

WV License #: Please see attached.

Lab: CEI Labs

Analysis By: Please see attached.

Procedure Used to Detect Presence of Asbestos: Polarized Light Microscopy.

Is Asbestos Present at 1% or Greater:

Yes ☒ No ☐

Project Designer: Chris Ciappina

WV License #: AD003839

Air Monitor:

WV License #:

Schedule:

Asbestos Removal:

Start Date: 05/31/17

Completion Date: 10/15/17

Demo/Renovation:

Start Date: 05/31/17

Completion Date: 10/15/17

Project Work Hours: 7am to 5:30pm

Work Days: M ☒ Tu ☒ W ☒ Th ☒ F ☒ Sa ☒ Su ☐ (Check)

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JUN 19 1964

U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: ___/___/___ :___ AM PM

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency:

Name:

Title:

Date of Order: ___/___/___

Date Order to Begin: ___/___/___

(Copy of order must be attached.)

Types of ACM:

Asbestos Containing Material To Be Removed:

Cat. I & II Nonfriable ACM Not To Be Removed:

Type(s): Please see attached.

Type(s):

Pipes: Ln. Ft: % Asbestos:
Area: Sq. Ft: % Asbestos:
Other: Cu. Ft: % Asbestos:

Pipes: Ln. Ft: % Asbestos:
Area: Sq. Ft: % Asbestos:
Other: Cu. Ft: % Asbestos:

Description of planned demolition or renovation work and method(s) to be used:

Wet methods for demolition and regulated site.

Description of procedures to be used to comply with NESHAP (40CFR61 Subpart M):

Regulated area, wet methods for removal, air tight disposal containers, and double 6 mil poly plastic for a total of 12 mil.

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized, or reduced to powder:

STOP ALL WORK. Identify the ACM, develop an abatement procedure, and notify all applicable government agencies.

Waste Transporter:

Name: Reclaim Company, LLC

ID #: WV042918 / WH13715

Address: P.O. Box 2162

City: Fairmont

State: WV

Zip Code: 26555

Contact Person: Steve Gabbert

Phone: 304-366-7070

Waste Disposal Site:

Name: Meadowfill Landfill

ID #: SMF-1032

Address: Rt. 2 Box 68

City: Bridgeport

State: WV

Zip Code: 26330

Contact Person: Kelli Sekela

Phone: 304-842-2784

Certification:

I certify that an individual trained in the provisions of 40 CFR 61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator:

Date: 08 / 25 / 17

Name and Title (Print or Type): Angela Mitchell, Contract Administrator



RECLAIM3

WVHSEM / FEMA
June 23rd Flood Cleanup Project
Greenbrier County, WV - Group 9

SITE	ADDRESS	GPS	ASBESTOS TO BE REMOVED	APPROX. SIZE	CHRYSTILE	INSPECTION DATE	INSPECTOR	ANALYST	COMPLETE
G-73	6256 MIDLAND TRIL. WEST, CHARMCO	37.988079, -80.730745	Silver Roof Cement	1200 SF	2%	2/6/2017	K. Tuckwiller AI008994	Samantha Card	X
			Mastic around roof cents/chimney	5 SF	Assumed				X
G-120	402 LEWIS ST., RUPERT	37.961479, -80.694279	Mastic on Roof	40 SF	Assumed	2/15/2017	J. Sommers AI008854	Daniel Liguori	X
G-131	247 FEAMSTER RD., RUPERT	37.959103, -80.681364	Black Mastic on 1st layer roof	100 SF	Assumed	2/6/2017	K. Tuckwiller AI008994	Mikaela Batta	X
G-114	295 FEAMSTER RD., RUPERT	37.958985, -80.680680	Roof Mastic	5 SF	Assumed	2/15/2017	J. Sommers AI008854	Daniel Liguori	X
			Roof Shingles (Bldg 1)	20 SF	Assumed				X
G-122	210 MAPLE DR., RAINELLE	37.952261, -80.685492	Black Mastic around conduit on roof	2 SF	Assumed	2/6/2017	K. Tuckwiller AI008994	Sarah Talley	
G-197	151 ADKINS DR., RAINELLE	37.968364, -80.758155	Linoleum	20 SF	Assumed	6/16/2017	K. Tuckwiller AI008994	N/A	

WEST VIRGINIA



R E C E I V E D
AUG 29 2017

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 8/25/17

Operator Project No: 053-16

Pesticides & Asbestos Programs
and Enforcement Branch (3LC62)
EPA Region III

Date Rec'd:
Postmark Date:
Notification No:

Check No:
Paid By:
Amount: \$

Type of Notification:

Original ☐

Revision ☒ (Highlight Changes)

Cancellation ☐

Type of Operation:

Demolition ☒

Ordered Demolition ☐

Renovation ☐

Emergency Renovation ☐

Facility Owner:

Name: West Virginia Homeland Security

Address: 1900 Kanawha Blvd., E, EB80

City: Charleston

State: WV

Zip Code: 25305

Contact Person: John Hoyer

Phone: (304) 389-7906

Facility Description:

Name: Vacant Structures - Please see attached for Group 15 (Greenbrier)

Address:

City:

County:

Location Within Facility:

Building Size (Sq. Ft.):

Number of Floors:

Age (Yrs):

Present Use:

Prior Use:

Asbestos Contractor:

Name: Reclaim Company, LLC

Asbestos Contractor License #: AC002453

Address: P.O. Box 2162

City: Fairmont

State: WV

Zip Code: 26555

Contact Person: Steve Gabbert

Phone: 304-366-7070

Other Contractor:

Name: Reclaim Company, LLC

Contractor's License #: WV042918

Address: P.O. Box 2162

City: Fairmont

State: WV

Zip Code: 26555

Contact Person: Steve Gabbert

Phone: 304-366-7070

Building Inspection:

Inspection Date: Please see attached.

Asbestos Inspection By: Please see attached.

WV License #: Please see attached.

Lab: CEI Labs

Analysis By: Please see attached.

Procedure Used to Detect Presence of Asbestos: Polarized Light Microscopy

Is Asbestos Present at 1% or Greater:

Yes ☒ No ☐

Project Designer: Chris Ciappina

WV License #: AD003839

Air Monitor:

WV License #:

Schedule:

Asbestos Removal:

Start Date: 06/08/17

Completion Date: 10/15/17

Demo/Renovation:

Start Date: 06/08/17

Completion Date: 10/15/17

Project Work Hours: 7am to 5:30pm

Work Days: M ☒ Tu ☒ W ☒ Th ☒ F ☒ Sa ☒ Su ☐ (Check)

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11 11 14 31 21

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: ___/___/___ :___ AM PM

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency:

Name:

Date of Order: ___/___/___

(Copy of order must be attached.)

Title:

Date Order to Begin: ___/___/___

Types of ACM:

Asbestos Containing Material To Be Removed:

Cat. I & II Nonfriable ACM Not To Be Removed:

Type(s): Please see attached.

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

Type(s):

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
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STOP ALL WORK. Identify the ACM, develop an abatement procedure, and notify all applicable government agencies.

Waste Transporter:

Name: Reclaim Company, LLC

Address: P.O. Box 2162

City: Fairmont

Contact Person: Steve Gabbert

ID #: WV042918 / WH13715

State: WV

Zip Code: 26555

Phone: 304-366-7070

Waste Disposal Site:

Name: Meadowfill Landfill

Address: Rt. 2 Box 68

City: Bridgeport

Contact Person: Kelli Sekela

ID #: SMF-1032

State: WV

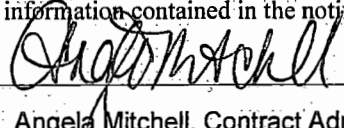
Zip Code: 26330

Phone: 304-842-2784

Certification:

I certify that an individual trained in the provisions of 40 CFR 61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator:



Date: 08 25 17

Name and Title (Print or Type): Angela Mitchell, Contract Administrator



WVHSEM / FEMA
June 23rd Flood Cleanup Project
Greenbrier County, WV - Group 15

SITE	ADDRESS	GPS	ASBESTOS TO BE REMOVED	APPROX. SIZE	CHRYSTOTILE	INSPECTION DATE	INSPECTOR	ANALYST	COMPLETE
G-222	152 WATERVIEW, RONCEVERTE	37.721646, -80.493800	Green/Gray Linoleum	8 SF	25%	5/23/2017	K. Tuckwiller AI008994	Scott Minyard	
			Mastic around chimney	5 SF	Assumed				
G-300	223 HOWELL ST., ALDERSON	37.726170, -80.650149	Mastic around chimney	5 SF	Assumed	5/26/2017	K. Tuckwiller AI008994	Saithya Painkal	Abatement Complete
			Mastic/Caulking around roof vents	12 LF	Assumed				
G-306	1455 RIVER ROAD, RONCEVERTE	37.731353, -80.483635	Window Glazing (Bldg 2)	10 LF	Assumed	6/16/2017	K. Tuckwiller AI008994	Shilpa Ladekar	
G-292	1093 RIVER ROAD, RONCEVERTE	37.736418, -80.481524	Caulking around roof vents	20 LF	Assumed	6/16/2017	K. Tuckwiller AI008994	Ritika Seal	Abatement Complete

WEST VIRGINIA



R E C E I V E D
AUG 29 2017

Pesticides & Asbestos Programs
and Enforcement Branch (SLC62)

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION III

Date: 8/25/17

Operator Project No: 053-16

OFFICE USE ONLY

Date Rec'd: _____ Check No: _____
Postmark Date: _____ Paid By: _____
Notification No: _____ Amount: \$ _____

Type of Notification:

Original ☐

Revision ☒ (Highlight Changes)

Cancellation ☐

Type of Operation:

Demolition ☒

Ordered Demolition ☐

Renovation ☐

Emergency Renovation ☐

Facility Owner:

Name: West Virginia Homeland Security

Address: 1900 Kanawha Blvd., E, EB80

City: Charleston

State: WV

Zip Code: 25305

Contact Person: John Hoyer

Phone: (304) 389-7906

Facility Description:

Name: Vacant Structures - Please see attached for Group 9 (Kanawha County)

Address:

City:

County:

Location Within Facility:

Building Size (Sq. Ft.):

Number of Floors:

Age (Yrs):

Present Use:

Prior Use:

Asbestos Contractor:

Name: Reclaim Company, LLC

Asbestos Contractor License #: AC002453

Address: P.O. Box 2162

City: Fairmont

State: WV

Zip Code: 26555

Contact Person: Steve Gabbert

Phone: 304-366-7070

Other Contractor:

Name: Reclaim Company, LLC

Contractor's License #: WV042918

Address: P.O. Box 2162

City: Fairmont

State: WV

Zip Code: 26555

Contact Person: Steve Gabbert

Phone: 304-366-7070

Building Inspection:

Inspection Date: Please see attached.

Asbestos Inspection By: Please see attached.

WV License #: Please see attached.

Lab: CEI Labs

Analysis By: Please see attached.

Procedure Used to Detect Presence of Asbestos: Polarized Light Microscopy

Is Asbestos Present at 1% or Greater:

Yes ☒ No ☐

Project Designer: Chris Ciappina

WV License #: AD003839

Air Monitor:

WV License #:

Schedule:

Asbestos Removal:

Start Date: 05/16/17

Completion Date: 10/15/17

Demo/Renovation:

Start Date: 05/16/17

Completion Date: 10/15/17

Project Work Hours: 7am to 5:30pm

Work Days: M ☒ Tu ☒ W ☒ Th ☒ F ☒ Sa ☒ Su ☐ (Check)

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: ___/___/___ :___ AM PM

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency:

Name:

Date of Order: ___/___/___

(Copy of order must be attached.)

Title:

Date Order to Begin: ___/___/___

Types of ACM:

Asbestos Containing Material To Be Removed:

Cat. I & II Nonfriable ACM Not To Be Removed:

Type(s): Please see attached.

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

Type(s):

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
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Waste Transporter:

Name: Reclaim Company, LLC

Address: P.O. Box 2162

City: Fairmont

Contact Person: Steve Gabbert

ID #: WV042918 / WH13715

State: WV

Zip Code: 26555

Phone: 304-366-7070

Waste Disposal Site:

Name: Meadowfill Landfill

Address: Rt. 2 Box 68

City: Bridgeport

Contact Person: Kelli Sekela

ID #: SMF-1032

State: WV

Zip Code: 26330

Phone: 304-842-2784

Certification:

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Signature of Owner/Operator:

Date: 08 25 17

Name and Title (Print or Type): Angela Mitchell, Contract Administrator



WVHSEM / FEMA
June 23rd Flood Cleanup Project
Kanawha County, WV - Group 9

SITE	ADDRESS	GPS	ASBESTOS TO BE REMOVED	APPROX. SIZE	CHRYSOTILE	INSPECTOR	INSPECTION DATE	ANALYST	ABATEMENT COMPLETE	DEMO COMPLETE
K-116	Lot 101, 500 Sandy Acres, Elkview	38.483685, -81.499372	Silver Paint	540 SF	3%	J. Frazier AI008690	2/1/2017	Greg Ruff	X	X
K-117	Lot 105, 500 Sandy Acres, Elkview	38.483937, -81.499236	Black Mastic around roof vents	5 LF	Assumed	J. Frazier AI008690	2/1/2017	Taylor B. Metcalf	X	X
K-118	Lot 114, 500 Sandy Acres, Elkview	38.484004, -81.498877	12"x12" Floor Tile (middle section)	5 SF	Assumed	J. Frazier AI008690	2/1/2017	Megan Fisher	X	X
K-119	Lot 120, 500 Sandy Acres, Elkview	38.484285, -81.499107	Silver Paint	780 SF	2%	J. Frazier AI008690	2/1/2017	Saithya Painkal	X	X
			Mastic around roof vents	5 LF	Assumed				X	X
			Linoleum	200 SF	25%				X	X
			Floor tile	144 SF	3%				X	X
			Silver Paint	100 SF	2%				X	X
			Pattern Linoleum	5 SF	Assumed				X	X
K-120	Lot 118, 500 Sandy Acres, Elkview	38.484148, -81.499065	Silver Paint	150 SF	Assumed	J. Frazier AI008690	2/1/2017	Samantha Card	X	X
K-121	Lot 124, 500 Sandy Acres, Elkview	38.484398, -81.499196	Remaining Metal Roof w/silver paint	50 SF	Assumed	J. Frazier AI008690	2/1/2017	Saithya Painkal	X	X
K-122	Lot 112, 500 Sandy Acres, Elkview	38.483844, -81.498941	Grey Tar on Roof Seems	25 LF	Assumed	J. Frazier AI008690	2/1/2017	Taylor B. Metcalf	X	X
K-123	Lot 103, 500 Sandy Acres, Elkview	38.483823, -81.499242	Mastic around roof vents	5 LF	Assumed	J. Frazier AI008690	2/1/2017	Saithya Painkal	X	X
K-134	7405 Wills Creek Rd., Elkview	38.503117, -81.412511	Vent Mastic on Roof	5 LF	Assumed	J. Frazier AI008690	2/7/2017	Scott Minyard	X	X
K-140	32 Belmar Rd., Elkview	38.431833, -81.522826	Silver Paint	720 SF	3%	J. Frazier AI008690	2/1/2017	Shilpa Ladekar	X	X
			Mastic around roof vents	5 LF	Assumed				X	X
K-173	4366 Frame Road, Elkview	38.482934, -81.499376	Linoleum (bath 1)	5 SF	Assumed	J. Frazier AI008690	3/20/2017	Mikaela Batta	X	X
K-105	3290' Frame Road, Elkview	38.46867, -81.49888	Linoleum (bath)	20 SF	Assumed	J. Frazier AI008690	3/27/2017	Megan Fisher	X	X
K-106	3243 Frame Road, Elkview	38.46803, -81.4992	Gray Transite Siding	1200 SF	15%	J. Frazier AI008690	3/27/2017	Mikaela Batta	X	X
			Chimney Mastic	5 SF	Assumed				X	X
K-166	7957 Wills Creek Road, Elkview	38.510485, -81.409694	Roof Mastic around weather hood	2 SF	Assumed	J. Frazier AI008690	3/27/2017	Mikaela Batta	X	X
K-218	6008 Wills Creek Road, Elkview	38.489376, -81.427924	Roof Vent Mastic	5 LF	Assumed	J. Frazier AI008690	5/23/2017	Ritika Seal	X	X
K-168	3603 Frame Road, Elkview	38.472831, -81.500340	Old Wiring	40 LF	Assumed	J. Frazier AI009137	6/5/2017	Audrianna Pollen	X	X
K-201	5957 Wills Creek Rd., Elkview	38.488395, -81.429010	Transite Siding	400 SF	Assumed	J. Frazier AI008690	11/18/2016	Megan Rumble		
			Silver Paint on Roof	900 SF	Assumed					
			Silver Paint on Roof (Bldg 2)	80 SF	Assumed					
			Silver Paint on Roof (Bldg 3)	72 SF	Assumed					
K-234	445 Equine Dr., Elkview	38.461431, -81.487234	Caulking around stove pipe (roof)	5 LF	Assumed	R. Smith AI009144	6/15/2017	Samantha Card	X	
			Window Glazing (Bldg 3)	32 LF	Assumed				X	
K-233	4210 Wills Creek Road, Elkview	38.485090, -81.457149	Mastic around roof vents	7 SF	Assumed	R. Smith AI009144	6/15/2017	Ritika Seal	X	

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AUG 29 2017

Pesticides & Asbestos Programs
and Enforcement Branch (3LC62)
EPA Region III

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 8/25/17

Operator Project No: 053-16

OFFICE USE ONLY

Date Rec'd:

Check No:

Postmark Date:

Paid By:

Notification No:

Amount: \$

Type of Notification:

Original ☐Revision ☒ (Highlight Changes)Cancellation ☐

Type of Operation:

Demolition ☒Ordered Demolition ☐Renovation ☐Emergency Renovation ☐

Facility Owner:

Name: West Virginia Homeland Security

Address: 1900 Kanawha Blvd., E. EB80

City: Charleston

State: WV

Zip Code: 25305

Contact Person: John Hoyer

Phone: (304) 389-7906

Facility Description:

Name: Vacant Structures - Please see attached for Group 18 (Kanawha County)

Address:

City:

County:

Location Within Facility:

Building Size (Sq. Ft.):

Number of Floors:

Age (Yrs):

Present Use:

Prior Use:

Asbestos Contractor:

Name: Reclaim Company, LLC

Asbestos Contractor License #: AC002453

Address: P.O. Box 2162

City: Fairmont

State: WV

Zip Code: 26555

Contact Person: Steve Gabbert

Phone: 304-366-7070

Other Contractor:

Name: Reclaim Company, LLC

Contractor's License #: WV042918

Address: P.O. Box 2162

City: Fairmont

State: WV

Zip Code: 26555

Contact Person: Steve Gabbert

Phone: 304-366-7070

Building Inspection:

Inspection Date: Please see attached.

Asbestos Inspection By: Please see attached.

Lab: CEI Labs

WV License #: Please see attached.

Analysis By: Please see attached.

Procedure Used to Detect Presence of Asbestos: Polarized Light Microscopy

Is Asbestos Present at 1% or Greater:

Yes ☒ No ☐

Project Designer: Chris Ciappina

WV License #: AD003839

Air Monitor:

WV License #:

Schedule:

Asbestos Removal:

Start Date: 04/12/17

Completion Date: 10/15/17

Demo/Renovation:

Start Date: 04/12/17

Completion Date: 10/15/17

Project Work Hours: 7am to 5:30pm

Work Days: M ☒ Tu ☒ W ☒ Th ☒ F ☒ Sa ☒ Su ☐ (Check)

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MICHIGAN LIBRARY

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Emergency Renovation:

Date & Hour of Sudden Unexpected Event: ___/___/___ :___ AM PM

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency:

Name:

Date of Order: ___/___/___

(Copy of order must be attached.)

Title:

Date Order to Begin: ___/___/___

Types of ACM:

Asbestos Containing Material To Be Removed:

Cat. I & II Nonfriable ACM Not To Be Removed:

Type(s): Please see attached.

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

Type(s):

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

Description of planned demolition or renovation work and method(s) to be used:

Wet methods for demolition and regulated site.

Description of procedures to be used to comply with NESHAP (40CFR61 Subpart M):

Regulated area, wet methods for removal, air tight disposal containers, and double 6 mil poly plastic for a total of 12 mil.

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized, or reduced to powder:

STOP ALL WORK. Identify the ACM, develop an abatement procedure, and notify all applicable government agencies.

Waste Transporter:

Name: Reclaim Company, LLC

Address: P.O. Box 2162

City: Fairmont

Contact Person: Steve Gabbert

ID #: WV042918 / WH13715

State: WV

Zip Code: 26555

Phone: 304-366-7070

Waste Disposal Site:

Name: Meadowfill Landfill

Address: Rt. 2 Box 68

City: Bridgeport

Contact Person: Kelli Sekela

ID #: SMF-1032

State: WV

Zip Code: 26330

Phone: 304-842-2784

Certification:

I certify that an individual trained in the provisions of 40 CFR 61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator:

Date: 08 25 17

Name and Title (Print or Type): Angela Mitchell, Contract Administrator



WVHSEM / FEMA
June 23rd Flood Cleanup Project
Kanawha County, WV - Group 18

SITE	ADDRESS	GPS	ASBESTOS TO BE REMOVED	APPROX. SIZE	CHRYSTOLE	INSPECTOR	INSPECTION DATE	ANALYST	COMPLETE
K-152	358 Youngstown Dr., Clendenin	38.473428, -81.387324	None Detected	N/A	N/A	J. Frazier AI008690	3/20/2017	Sarah Talley	X
K-177	1222 Left Fork Leatherwood Rd., Clendenin	38.4691221, -81.356815	Silver Roof Paint	800 SF	5%	J. Frazier AI008690	3/20/2017	Sarah Talley	
K-203	422 Leatherwood Rd., Clendenin	38.459090, -81.361057	Black Tar (porch roof)	300 SF	2%	J. Frazier AI008690	4/21/2017	Ritika Seal	X
			Roof Vent Mastic	5 LF	Assumed				X
K-235	420 Leatherwood Rd., Clendenin	38.459438, -81.361155	Silver Paint (A)	1200 SF	2%	R. Smith AI009144	6/14/2017	Audrianna Pollen/Gary Swanson	
			Mastic around Roof Vents (A)	4 SF	Assumed				
			Black/Silver Paint (Bldg 1 - A)	170 SF	5%			Anna Malmberg	
			Mastic around Roof Vents (B)	4 SF	Assumed				
K-222	201 Riverhaven Road, Clendenin	38.482128, -81.265703	Black Adhesive on vent pipe	2 LF	Assumed	J. Frazier AI008690	5/23/2017	N/A - Assumed only	X

WEST VIRGINIA



RECEIVED
AUG 29 2017

Pesticides & Asbestos Programs
and Enforcement Branch (SLC62)
Region III

NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 8/25/17

Operator Project No: 060-17

OFFICE USE ONLY

Date Rec'd: Check No:
Postmark Date: Paid By:
Notification No: Amount: \$

Type of Notification:

Original ☒Revision ☐ (Highlight Changes)Cancellation ☐

Type of Operation:

Demolition ☒Ordered Demolition ☐Renovation ☐Emergency Renovation ☐

Facility Owner:

Name: Marion County Park and Recreation Commission

Address: 1000 Cole Street

City: Pleasant Valley

State: WV

Zip Code: 26554

Contact Person: Adam Rohaly

Phone: (304) 367-1417

Facility Description:

Name: Wave Tek Pool at East Marion Park

Address: 35 City View Terrace

County: Marion

Building Size (Sq. Ft.): 2,600

Present Use: Admissions building and bath house

City: Fairmont

Location Within Facility: Two structures

Number of Floors: 1

Age (Yrs): 40+

Prior Use: same

Asbestos Contractor:

Name: N/A

Address:

City:

State:

Contact Person:

Asbestos Contractor License #:

Zip Code:

Phone:

Other Contractor:

Name: Reclaim Company LLC

Address: P.O. Box 2162

City: Fairmont

State: WV

Contact Person: Steve Gabbert

Contractor's License #: AC002453

Zip Code: 26555

Phone: 304-366-7070

Building Inspection:

Inspection Date: July 13, 2017

Asbestos Inspection By: Christopher Ciappina

Lab: CEI Labs

Procedure Used to Detect Presence of Asbestos: Polarized Light Microscopy (PLM)

Is Asbestos Present at 1% or Greater:

WV License #: AI008814

Analysis By: Yvette Nkunde-Bose

Yes ☐ No ☒

Project Designer:

WV License #:

Air Monitor:

WV License #:

Schedule:

Asbestos Removal:

Start Date:

Completion Date:

Demo/Renovation:

Start Date: 09/18/2017

Completion Date: 10-06-2017

Project Work Hours: 7:00 am to 5:30 pm

Work Days: M ☒ Tu ☒ W ☒ Th ☒ F ☒ Sa ☐ Su ☐ (Check)

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Agency:

Name:

Date of Order: ___/___/___

(Copy of order must be attached.)

Title:

Date Order to Begin: ___/___/___

Types of ACM:

Asbestos Containing Material To Be Removed:

Cat. I & II Nonfriable ACM Not To Be Removed:

Type(s): NONE DETECTED

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

Type(s):

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

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State: WV

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Zip Code: 26555

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City: Bridgeport

Contact Person: Kelli Sekela

ID #: SMF-1032

State: WV

Phone: 304-842-2784

Zip Code: 26330

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I certify that an individual trained in the provisions of 40 CFR 61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: 

Date: 08 / 25 / 17

Name and Title (Print or Type): Lafe Kunkel, Project Manager


RECLAIM

P.O. BOX 2162 • FAIRMONT, WV 26555



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U.S. POSTAGE
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26554
AUG 25, 17
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**Attention: Asbestos Coordinator(3WC32)
U.S. Environmental Protection Agency
Region III
1650 Arch Street
Philadelphia, PA 19103-2029**